

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

RECEIVED  
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2023 FEB 28 PM 3:54

Tammy Osby

Write the full name of each plaintiff.

**23 - CV - 1731**

(Include case number if one has been assigned)

-against-

Do you want a jury trial?

☒ Yes ☐ No

City of New York

New York City Department of  
Probation

Write the full name of each defendant. The names listed above must be identical to those contained in Section I.

**EMPLOYMENT DISCRIMINATION COMPLAINT**

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. PARTIES****A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<u>Tammy</u>	<u>S</u>	<u>OSBY</u>
First Name	Middle Initial	Last Name
<u>4420 Sanibel Circle Ste 205</u>		
Street Address		
<u>Virginia Beach</u>	<u>VA</u>	<u>23462</u>
County, City	State	Zip Code
<u>516-800-9250</u>	<u>Talentoftees21@gmail.com</u>	
Telephone Number	Email Address (if available)	

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1: New York City Department of Probation

Name

33 Beaver ST, 18th Fl

Address where defendant may be served

<u>New York</u>	<u>New York</u>	<u>10004</u>
County, City	State	Zip Code

Defendant 2: \_\_\_\_\_

Name

\_\_\_\_\_

Address where defendant may be served

\_\_\_\_\_

County, City	State	Zip Code
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Defendant 3:

Name

Address where defendant may be served

County, City

State

Zip Code

**II. PLACE OF EMPLOYMENT**

The address at which I was employed or sought employment by the defendant(s) is:

NYC Dept of Probation

Name

Municipal Building - 210 Joralemon ST,

Address

Brooklyn

NY

11201

County, City

State

Zip Code

**III. CAUSE OF ACTION****A. Federal Claims**I'm a retired NYC DOP  
Probation officer retired on 6/5/19

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- ☐ **Title VII of the Civil Rights Act of 1964**, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

- ☐ race: \_\_\_\_\_
- ☐ color: \_\_\_\_\_
- ☐ religion: \_\_\_\_\_
- ☐ sex: \_\_\_\_\_
- ☐ national origin: \_\_\_\_\_

- ☐ **42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: \_\_\_\_\_

- ☐ **Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: \_\_\_\_\_

- ☐ **Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: \_\_\_\_\_

- ☒ **Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: Concern Diabetes

- ☐ **Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

## B. Other Claims

In addition to my federal claims listed above, I assert claims under:

- ☐ **New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
- ☐ **New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
- ☐ Other (may include other relevant federal, state, city, or county law):

\_\_\_\_\_

#### IV. STATEMENT OF CLAIM

##### A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- ☐ did not hire me
- ☐ terminated my employment
- ☐ did not promote me
- ☐ did not accommodate my disability
- ☐ provided me with terms and conditions of employment different from those of similar employees
- ☒ retaliated against me
- ☐ harassed me or created a hostile work environment

☒ other (specify): Violated my civil rights by ~~not~~ holding  
an dismissed/arrest against me, and making false  
claims and allegations against me.

##### B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

In 6/22 I requested an employment verification letter to  
verify that I worked in the disaster zone near The World  
Trade Center on 9/11. I was attempting to get benefits from  
The World Trade Center medical fund, as I have cancer for the  
2nd time in 20 years. The respondents falsified my employment  
records, and made various false claims against me in  
a position statement provided to EEOC. This has caused me emotional

As additional support for your claim, you may attach any charge of discrimination that you filed Distress  
 with the U.S. Equal Employment Opportunity Commission, the New York State Division of  
 Human Rights, the New York City Commission on Human Rights, or any other government  
 agency.

**V. ADMINISTRATIVE PROCEDURES**

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

☒ Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? 7/22 - my case was transferred  
from Norfolk Virginia to The Manhattan Field Office, then  
☐ No transferred to Louisville Kentucky without an investigation

Have you received a Notice of Right to Sue from the EEOC?

☒ Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? 1/26/23

When did you receive the Notice? 2/16/23

☐ No

**VI. RELIEF**

The relief I want the court to order is (check only those that apply):

☐ direct the defendant to hire me

☐ direct the defendant to re-employ me

☐ direct the defendant to promote me

☐ direct the defendant to reasonably accommodate my religion

☐ direct the defendant to reasonably accommodate my disability

☒ direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here)

While making these c I reside in Virginia Beach, and  
was receiving Cancer treatment in Charlotte NC since 7/22.  
I have been treated unfairly as I am being retaliated  
against due to my previous complaints against the  
respondent. While fighting for my life I shouldn't have  
to fight for my rights with my former employer.  
I was forced to retire in 2019 due to a knee injury,  
yet The Respondent continues to harm me by defaming  
my Name, and falsifying my employment records.

**VII. PLAINTIFF'S CERTIFICATION**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>2/23/23</u>		<u>TJH</u>
Dated		Plaintiff's Signature
<u>Tammy</u>	<u>S</u>	<u>OSBY</u>
First Name	Middle Initial	Last Name
<u>4420 Sambel Circle, Suite 205</u>		
Street Address		
<u>Virginia Beach</u>	<u>VA</u>	<u>23462</u>
County, City	State	Zip Code
<u>516-800-9250</u>	<u>Talentedtee521@gmail.com</u>	
Telephone Number	Email Address (if available)	

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes   ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.



## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Louisville Area Office  
600 Dr. Martin Luther King, Jr Place, Suite 268  
Louisville, KY 40202  
(502) 694-3940  
Website: [www.eeoc.gov](http://www.eeoc.gov)

### **DETERMINATION AND NOTICE OF RIGHTS**

(This Notice replaces EEOC FORMS 161 & 161-A)

Issued On: 01/20/2023

**To:** Ms. Tammy S. Osby  
4420 Sanibel circle suite 205 Virginia Beach  
VIRGINIA BEACH, VA 23462

Charge No: 520-2022-06392

EEOC Representative and email: ALAN ANDERSON  
Director  
[alan.anderson@eeoc.gov](mailto:alan.anderson@eeoc.gov)

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### **DETERMINATION OF CHARGE**

The EEOC issues the following determination: The EEOC will not proceed further with its investigation and makes no determination about whether further investigation would establish violations of the statute. This does not mean the claims have no merit. This determination does not certify that the respondent is in compliance with the statutes. The EEOC makes no finding as to the merits of any other issues that might be construed as having been raised by this charge.

### **NOTICE OF YOUR RIGHT TO SUE**

This is official notice from the EEOC of the dismissal of your charge and of your right to sue. If you choose to file a lawsuit against the respondent(s) on this charge under federal law in federal or state court, **your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice.** Receipt generally occurs on the date that you (or your representative) view this document. You should keep a record of the date you received this notice. Your right to sue based on this charge will be lost if you do not file a lawsuit in court within 90 days. (The time limit for filing a lawsuit based on a claim under state law may be different.)

If you file a lawsuit based on this charge, please sign-in to the EEOC Public Portal and upload the court complaint to charge 520-2022-06392.

On behalf of the Commission,

Digitally Signed By: Michelle Eisele  
01/20/2023

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Michelle Eisele  
District Director



**Cc:**

Suzette Mapp  
NYC Department of Probation  
33 Beaver Street  
New York, NY 10004

Please retain this notice for your records.



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION  
Louisville Area Office

600 Dr. Martin Luther King Jr. Place  
Suite 268  
Louisville, KY 40202  
Intake Information Group: (800) 669-4000  
Intake Information Group TTY: (800) 669-6820  
Louisville Direct Dial: (502) 582-6083  
FAX: (502) 582-5895  
Website: [www.eeoc.gov](http://www.eeoc.gov)

February 8, 2023

Ms. Tammy Osby  
4420 Sanibel Circle  
Suite 205  
Virginia Beach, VA 23462

Re: Tammy Osby v New York City Department of Probation  
Charge Number 520-2022-06392

Dear Ms. Osby:

I am writing in response to your recent communications wherein you requested that the Equal Employment Opportunity Commission (EEOC) reconsider its determination dismissing the above referenced charge.

While we fully understand that the parties to a charge often have very firm views that the available evidence supports their respective positions, our final determinations must comport with our interpretations of the available evidence and the laws we enforce.

The EEOC will reconsider a determination where substantial new relevant evidence is presented that would warrant a change in the determination, or if the EEOC's decision was contrary to the law or facts. Based on the totality of the evidence and after considering the position expressed in your correspondence, I find that there is no basis for changing the determination of January 20, 2023.

It is important to note that a request for reconsideration does not extend or eliminate the statutory 90 day period for pursuing this matter in court. If a private lawsuit is not filed within 90 days of your receipt of the January 20, 2023 Dismissal and Notice of Rights, the right to sue will be lost and cannot be restored by EEOC.

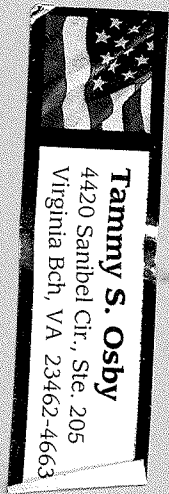
I hope this information is helpful to you.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan W. Anderson", is written over the word "Sincerely,".

Alan W. Anderson  
Director





US District Court  
Southern District of New York  
500 Pearl St  
NY NY 10007  
Pro Se Intelle Unit

USMP3  
SDNY

